

## **Monthly Report of Operation Vertical Loop Reactor Wastewater Treatment Plant**

Name of Facility			Permit Num	nber
Month	Year	Plant Desig	n Flow mgd	Telephone Number
Facility's e-ma	il address (if availal	ole):		

State Form 10829 (R/12-2005)

Certified Operator: Name **Expiration Date** Page 1 of 4 **CHEMICALS RAW SEWAGE** ("x" If Occurred)
Collection System Overflow Man-Hours at Plant (Plants less than 1 MGD only) **USED** Air Temperature (optional) Gal Gal CBOD5 - Ibs (optional) Precipitation - Inches Bypass At Plant Site Lbs or ( Lbs or ( Susp. Solids - mg/l Susp. Solids - Ibs (optional) nfluent Flow Rate Phosphorus - mg/l "x" If Occurred) Ammonia - mg/l Chlorine - Lbs Day Of Month CBOD5 - mg/l Day of Week (MGD) 픙 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Average Maximum Minimum No. of Data

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

1	SIGNATURE	OF CERTIFIED OPERATOR)	(DATE)	١
١	CICITATIONE	or or the control of	(0, (1 – )	,

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)

(DATE)

Mon	thly	Repor	rt of Op	peratio	on														
			Reacto								(SIGN/	ATURE (	OF CERT	IFIED OI	PERATOR	)		(DATE)	
		iter Tr	eatme																
Name of I	Facility			Permit Nur	nber	For Month	Of:	Year											
Page	2 of /			State Fo	orm 10829	) /B/12 2	005)				(SIGN	ATURE (			KECUTIVE	OFFICE	R OR	(DATE)	
rage	2 01 -		REACT			9 (R/12-2	REACT	OR # 2			REACT	OR # 3		RIZED A	(URN	F	INAL E	FFLUEN	iT T
				•			,				,			SLU	JDGE	TINAL LITEOLINI			
	ors	30		gm		30		gm		30		g						Ē	
	eacto	'n.	/ <sub>6</sub>	E -	<u>ا</u>	u, o	l/g	E -	- -	% in	l/g	E -	- -		/6	u O	u O	Coli - colony/100 ml	
_	n Re	ds %	Ē	gex	yge	ds %	Ē	gex	yge	ds %	Ē	gex	yge		Ē	orin	orin	ly/1	
ont	ıre i	Soli	ids	<u>-</u>	õ	Soli	ids	<u> </u>	õ	Soli	ids	<u> </u>	õ	MG	ids	Chl ank	Ch	olo	
γ	əratı	able ss	So	0 >	lvec	able ss	So	0 / 6	lvec	able ss	So	0 >	lvec	- əc	So	ual ict T	ual	<u>:</u>	
Day Of Month	Temperature in Reactors	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen mg/l	Volume - MG	Susp. Solids - mg/l	Residual Chlorine Contact Tank	Residual Chlorine Final		_
	Te	S E	ઝ	<u> </u>	3 0	S E	้อ	์ เงิ	<u> </u>	Sein	เงิ	Ö	<u> </u>	×	<u>છ</u>	ž ζ	ďΈ	ш	H <sub>Q</sub>
1 2																			
3																			
4		<u> </u>																	
5						-													
6 7			<u> </u>		$\vdash$														
8																			
9																			
10																			
11																			
12																			
13 14			<u> </u>		$\vdash$														
15																			
16																			
17																			
18			<u> </u>																
19		<u> </u>	<u> </u>																İ
20 21																			
22																			
23																			
24																			
25		<u> </u>	<u> </u>																
26																			
27 28																			
20																			
Avg.																			
Max.		<u> </u>																	
Min. Data			<del> </del>																
	nents fo	or the M	onth (maj	or repai	rs. break	downs.	process (	upsets a	nd their	causes.	inplant tre	eatment	process	bvpass	. etc.):				1
			()		,	,	,	,		,	1			. , ,	,/-				

Г

## **Monthly Report of Operation Vertical Loop Reactor** Wastewater Treatment Plant

vastewater freatment Flant									
me of Facility		Permit Number	For Month Of:						

(	SIGNATURE	OF CERTIFIED OPERATOR)	(DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED (DATE)

Page 3 of 4 State Form 10829 (R/12-2005) AGENT)

			FINAL EFFLUENT														
	Flo	ow				ВС			Tota	al Suspe	nded So	olids	Ammonia				
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	Dissolved Oxygen - mg/l	Phosphorus - mg/l	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	
1																	
2																	
3																	
4																	
5																	
6																	
7																	igwdot
8																	
9																	
10																	
11 12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
۸۷۵																	
Avg Max																	
Min																	
Data																	
Dala												l l					oxdot

	Total Monthly Flow:				
	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Percent Removal					
					Percent Capacity
					(actual flow/design)

## Monthly Report of Operation Vertical Loop Reactor Wastewater Treatment Plant

(SIGNATURE	OF CERTIFIED OPERATOR)	
(OIOIVATOILE	OF OLIVINILED OF LIVITORY	

(Date)

Name of Facility Permit Number For Month Of: Year

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)

(Date)

Page 4 of 4 State Form 10829 (R/12-2005)

Page 4	01 4		n 10829 (F	(/12-2005)			AUTHORIZED AGENT)							
	SLUD	GE TO				1	DIGESTER OPERATION							ı
	DIGE	STER	Ana	erobic (	Only		_	0			_	Ę		
Day Of Month		Waste Act. Sludge Gal. x 1000	<b>-</b>	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
		> წ	Hd	<u> </u>	<u> </u>	Sı	Si	ĭ S	) IS	> ₪	> ∞	io r		
1 2														
3														
4														
5														
6 7														
8														
9														
10														
11 12														
13														
14														
15														
16														
17														
18														
19														
20 21														
21														
23														
24														
25														
26														
27														
28														
$\vdash$														
Avg.														
Avg. Max.														
Min.														
Data														

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management Office of Water Quality, Mail Code 65-42 100 North Senate Avenue Indianapolis, Indiana 46204-2251